

# THE EXPANDED ROLE IN NURSING

D. CAROL ANONSEN  
Lecturer, Faculty of Nursing  
University of Western Ontario

First, because there seems to be a great deal of discussion about what the expanded role is, a few words about what the expanded role is *not*. One misconception is that the nurse working in the expanded role is a physician's assistant; another misconception is that the nurse is merely working as a physician substitute; another says she is a handmaiden to the physician. Nothing could be further from the truth. If the expanded role is not one of these, then what is it? The so-called expanded role is the nurse practising nursing in that area of the health care delivery system called the primary care area. It is an expansion of the practice of nursing to a part of the population with special needs not previously served by the nursing profession, a part of the population served traditionally by medical practitioners. Exceptions occurred in rural and sparsely populated areas and northern regions. These isolated nurses were and are mainly prepared in the school of experience and unrecognized for services rendered. It is indeed time that this area of function be recognized by the nursing profession and nurses providing these services in the community be well prepared to do so.

## TERMINOLOGY

One accepted definition of primary health care is

"all of those health services which are provided for individuals mainly on an ambulatory basis in the community or in their homes and includes presentation and health maintenance services in the community, diagnostic and therapeutic services offered in physician offices, in clinics or in health centers; home care services for those who are ill; rehabilitative services for those who require them. It provides care which is convenient, coordinated, continuous and comprehensive."(1)

Another accepted definition of primary health care is

"the usual point of entry into the health care system: it is oriented towards the promotion and maintenance of health, prevention of disease and care of individuals with common health problems, uncomplicated illness, chronic latent illness and selected aspects of complicated illness in the home or outpatient setting. Care is given on a family basis with professionals providing guidance in the use of health resources and referring to other levels of the health care system."(2)

The nurse then working in the expanded role is

"oriented towards the provision of Primary Care as a member of a health care team of health professionals relating to families on a long-term basis."(3)

She is oriented to providing care to clients rather than services to an institution(4). She practises independently or interdependently as the

setting dictates; she makes her own decisions, assumes responsibility and accountability for them(5). The nurse is performing as a professional should.

### *FUNCTIONS*

The *Report of the Committee on the Nurse Practitioner* identified certain functions which the nurse in the expanded role having had suitable preparation and experience could undertake in the primary care area.

These were :

1. The nurse practitioner can be the initial contact for people entering the health care system, that is, she can be the first health professional the individual sees.
2. As first contact, the nurse practitioner should be able to assess the individual's health status to determine the need for medical, nursing or other intervention.
3. The nurse practitioner should be able to initiate treatment for patients with commonly occurring health problems which lie within her scope of competence or to arrange for the referral of patients to the appropriate health professional (or agency) as needed.
4. The nurse practitioner should be able to counsel people of all age groups in relation to health matters.
5. The nurse practitioner should be able to teach individuals and families the specific knowledge and skills they require to maintain health and prevent illness, or to care for themselves or a family member in the event of illness and assist in their recovery and rehabilitation.
6. The nurse practitioner should be able to undertake the care of normal healthy women throughout the maternity cycle, including antepartum and postpartum supervision and counselling and, with additional specialization in midwifery, perform normal deliveries.
7. The nurse practitioner should be able to supervise the health care of of well children.
8. The nurse practitioner should be able to supervise the health care of older people, except as they require medical intervention in the case of acute illness.
9. The nurse practitioner should be able to monitor patients with stabilized long-term or chronic illnesses and in consultation with the physician to adjust or modify treatment as indicated.
10. The nurse practitioner should be able to co-ordinate the health care of individuals and families through referral to appropriate health professionals and/or agencies as needed and follow-up of patients' post-referral.
11. The nurse practitioner should be able to intervene in crisis situations, that is, to take action within her scope of competence or to refer the individual (or family) to the appropriate health professional or health agency for assistance(6).

It is visualized that the primary care nurse working in the expanded role is concerned with the delivery of total health care service to help patients and families meet their basic health needs. A health care delivery system which will be individualized, accessible, and continuous to aid families and patients to become as independent as possible.

## *EDUCATIONAL PREPARATION*

Until the present time the skills and knowledge necessary to prepare the nurse to work in an expanded role have not been included in basic nursing preparation. It has been proposed that basic baccalaureate programs include such skills(7). Changes in curricula are occurring slowly to include some of the assessment skills. In the meantime nurses who have already graduated, and have nursing experience upon which to build will require recognized educational preparation. Those courses which have been mounted for Registered Nurses at various universities in Canada and the United States share many common aspects. They are short four to eight month courses, physicians and nurses jointly share teaching and preceptorship responsibilities and the nurse is prepared to work as a generalist in a primary care setting. The problem solving approach is used, the data collection skills are increased and emphasized and the information gathered is utilized to analyse and assess individual and family health needs and plan for and manage the care indicated(8).

Educational objectives commonly found in courses to prepare the nurse to be a primary health care worker as an interdependent colleague of the health care team include :

1. Can make an initial assessment of the health status of an individual and recognize normal and deviation from the normal.
2. Recognize the significance of findings and make appropriate judgement re the management of the patient and/or referral to a physician or other member of the health care team.
3. Demonstrate independent health supervision of an adult/child and intervene skillfully in the event of disruptions from the normal.
4. Recognize the basic health needs of the normal mother and child, and recognize when medical intervention is necessary.
5. In consultation with a physician, administers appropriate drug therapy and monitors ongoing therapy.
6. Can counsel and teach patients to develop good health habits and can give them an understanding of their particular health problems and health needs.
7. Take part in and arrange for anticipatory guidance at stressful times of life.
8. Identify special problems of patients and know the appropriate community agency available.
9. Can record base line assessment data and communicate with other members of the health care team.

## *CONCLUSION*

The nursing role continues to expand. This is not new to this or any profession. If we are to continue to be a part of that team meeting the health care needs of the population, we must continue to accept more responsibilities and perform more functions just as was done in the past. The first nurses under the leadership of Florence Nightingale were Army nurses — if the roles and functions had not

expanded to hospital nursing perhaps we would be still on the battlefield. However, there were unmet health needs in the cities so nursing accepted the challenge to prepare its members to meet these unmet needs. There are now unmet needs in the primary care area (9) and it is time the profession accepted the challenge to prepare its practitioners to make more and better health care available to more people.

#### References

1. T. J. Boudreau, *Report of the Committee on Nurse Practitioners*, (Ottawa: April 1972), p. 2.
2. Rose Marie Chioni, "Tomorrow's Nurse Practitioner," *Nursing Outlook*, (Volume 18, Number 2, February 1970), p. 33.
3. Walter O. Spitzer and Dorothy Kergin, "The Nurse Practitioner: Calling a Spade a Spade," *Ontario Medical Review*, (Volume 38, April 1971), p. 165-66.
4. Edith P. Lewis, "Editorial," *Nursing Outlook*, (Volume 22, Number 2, February 1974), p. 89.
5. *Ibid.*, p. 89.
6. T. J. Boudreau, *Report of the Committee on Nurse Practitioners*, (Ottawa): Department of National Health and Welfare, April 1970), p. 9-10.
7. *Ibid.*, p. 22
8. *Educational Programs for the Nurse Assuming an Expanded Role in Primary Care*. A draft prepared for the Ontario College of Physicians and Surgeons and the Ontario College of Nurses by the University of Western Ontario, University of Toronto and McMaster University, (Toronto: May 1972), p. 4.
9. "CNA Statement," *The Expanded Role of the Nurse in Primary Health Care: A Summary of Current Developments*, (Toronto: Ontario Ministry of Health, January 1972), p. 54.

---

*The opinions expressed in this article are the writer's and do not necessarily express those of the Faculty of Nursing of the University of Western Ontario.*